

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/13/03.

I. DISPUTE

Whether there should be reimbursement for a Thumb/Wrist splint with gel insert (L3800).

II. FINDINGS

The respondent reduced payment based on "M-reduced to fair and reasonable".

III. RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
07/25/03	L3800	\$91.00	\$5.95	M	DOP	The 1996 MFG General Instructions GR VI	The respondent submitted an additional EOB dated 11/25/03, showing supplemental payment in the amount of \$85.05 made to the requestor. Additional reimbursement is not recommended.
Totals		\$91.00	\$5.95				The Requestor is not entitled to additional reimbursement.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement.

The above Findings, Decision is hereby issued this 04th day of May 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

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